Their Futures Matter

Implementation of Multisystemic Therapy for Child Abuse and Neglect in New South Wales
MST-CAN teams began to see families in New South Wales beginning in July of 2017 in the following communities and organizations:

- Uniting / Coffs Harbour
- OzChild / Campbelltown, MacArthur, Ingleburn
- Wandiyali / Edgeworth, Newcastle, Lake Macquarie
- Catholic Care / Central Coast, Wyong, Gosford
- Life Without Barriers / Tamworth
- Marathon Health Services / Dubbo
MST-CAN

- A treatment model for families where child physical abuse and/or neglect has occurred
- A treatment for serious, complex cases

MST-CAN GOALS

1. Keep families together
2. Prevent reabuse and neglect
3. Reduce mental health difficulties experienced by adults and children
4. Increase natural social supports
RISK FACTORS FOR CHILD ABUSE AND NEGLECT ARE ACROSS MULTIPLE SYSTEMS

CHILDB
- Aggression
- Noncompliance
- Difficult Temperament
- Age
- Delayed Development

PARENT
- Depression
- Substance Misuse
- Low Self-Esteem
- Poor Impulse Control
- Antisocial Behavior
- Poor Knowledge of Child Development
- Negative Perception of Child
- Low Involvement With Child
- History of Maltreatment as a Child

SOCIAL NETWORK
- Social Isolation
- Dissatisfaction with Social Supports
- Low use of Community Resources
- Limited Involvement in Community Activities

FAMILY
- Marital Status-Single
- Unsatisfactory Marital/Partner Relationship
- Spouse/Partner Abuse
IMPLICATIONS OF RISK FACTORS IN MULTIPLE SYSTEMS

- Treatment should address risk factors across all systems
- Treatment should be tailored to the unique risk factors within a given family (not one size fits all)
- Treatment must be comprehensive
MST-CAN

Implementation at Oz Child
The Theoretical Underpinnings
OzChild Case Presentation

- Sue - Gram
- Gramps
- Mum
- Dad
- Lauren age 16
- Sam age 14
Strongly based on MST Underpinnings

Theoretical basis is social ecological and family systems (Bronfenbrenner)

Children and adolescents live in a social ecology of interconnected systems that impact their behaviours in direct and indirect ways
Social Ecological Model

Community
Provider Agency
School
Neighbourhood
Peers
Extended Family
Siblings
Parent / Carer
CHILD
Parent / Carer

10
Indigenous Social Ecology Model

**ENVIRONMENT**
connection to country-land rights

**SOCIETY**
social justice - reconciliation

**COMMUNITY**
community development/empowerment

**FAMILY/CLAN**
Family wellbeing & parenting programs

**INDIVIDUAL**
Indigenous therapies adapted/appropriated therapies (e.g. narrative therapy) culturally appropriate conventional therapies
MST / MST-CAN

Theoretical Underpinnings

- Views the family as the major agent for change and views the ecology as the client
- Therefore, family systems and structural family therapies as designed by Salvador Minuchin and Jay Haley are used with all families
Children and carers' behaviour is strongly influenced by their families, friends, and communities (and vice versa).

Families and communities are central and essential partners and collaborators in MST / MST-CAN treatment.

Parents/Carers want the best for their children and want them to grow to become productive adults.
MST / MST-CAN
Assumptions

- Families can live successfully without formal, mandated services
- Change can occur quickly
- Professional treatment providers should be accountable for achieving outcomes
- Science/research provides valuable guidance
Sue admitted to drug use at the start of intervention – and has now been drug free for 9 months.

- Improved engagement with MST-CAN, FACS and School
- Sue has improved management of mental health difficulties
- Improved school attendance (from 42% to 61%)
Outcomes for the Family at the End of Treatment

- Lauren has not engaged in self-harming behaviour for a period of three months.
- Sue is placing consistent expectations and boundaries around children.
- No further ROSH reports - FACS are closing their involvement with this family this week.
Implementation at Uniting
The 9 MST Treatment Principles
Uniting
Case Presentation

Mum

Murdered by extremist group in Middle East

Lives in Middle East

Sister, lives close to mum

age 3
age 4
age 7
Principle 1: Finding the Fit:
The primary purpose of assessment is to understand the “fit” between the identified problems and their broader systemic context.
Principle 2: Positive and Strength Focused

- Therapeutic contacts should emphasise the positive and should use systemic strengths as levers for change.
Principle 3: Increasing Responsibility

- Interventions should be designed to promote responsibility and decrease irresponsible behaviour among family members.
Principle 4: Present Focused, Action Oriented, Well Defined

- Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.
Interventions should target sequences of behaviour within and between multiple systems that maintain identified problems.
Principle 5: Targeting Sequences

Children begin to fight over a toy.

Mum yells at children to stop fighting.

Fighting increases and children begin to cry.

Mum threatens to throw away the car.

Crying increases and screaming starts.

Mum threatens to throw away the car.

Mum's head starts to hurt / I can't take this.

Mum goes to another room.

Children follow mum screaming and crying.

Mum slaps children and tells them to leave her alone.

Children stop crying and return to playing.

Mum feels guilty / hugs children again.
Principle 6: Developmentally Appropriate

- Interventions should be developmentally appropriate and fit the needs of the parent and/or child
Principle 7: Continuous Effort

- Interventions should be designed to require daily or weekly effort by family members
Principle 8: Evaluation and Accountability

- Interventions effectiveness is evaluated frequently and from multiple perspectives, with providers assuming accountability for overcoming barriers to successful outcomes.
Interventions should be designed to promote treatment generalisation and long-term maintenance of therapeutic change by empowering parents/carers to address family members’ needs across multiple systemic contexts.
Implementation at Marathon Health
The MST Analytic Process
Marathon Health
Case Presentation

age 17, in boarding school

Mum

Separated 4 years

Dad in Jail

13
11
10
8
6
5
MST Analytic Process

Environment of Alignment and Engagement of Family and Key Participants

- Referral Behavior
- Desired Outcomes of Family and Other Key Participants
- Overarching Goals
- MST Conceptualization of “Fit”
- Re-evaluate
- Assessment of Advances & Barriers to Intervention Effectiveness
- Prioritise
- Intermediary Goals
- MST Intervention Development
- Do
- Intervention Implementation
- Measure
- Overarching Goals

Desired Outcomes of Family and Other Key Participants

- MST Conceptualization of “Fit”
- Re-evaluate
- Assessment of Advances & Barriers to Intervention Effectiveness
- Prioritise
- Intermediary Goals
- MST Intervention Development
- Do
- Intervention Implementation
- Measure
- Overarching Goals
MST Analytic Process

Environment of Alignment and Engagement of Family and Key Participants

Referral Behavior

Desired Outcomes of Family and Other Key Participants

Overarching Goals

MST Conceptualization of “Fit”

Assessment of Advances & Barriers to Intervention Effectiveness

Re-evaluate

Prioritise

Intermediary Goals

Interim Development

Do

Measure

Intervention Implementation

Overarching Goals
Referral Behavior

Desired Outcomes of Family and Other Key Participants

Overarching Goals

MST Conceptualization of “Fit”

Re-evaluate

Assessment of Advances & Barriers to Intervention Effectiveness

Do

Intermediary Goals

Prioritise

Intervention Development

Intervention Implementation

Measure

Environment of Alignment and Engagement of Family and Key Participants
MST Analytic Process

Overarching Goals

Referral Behavior

Desired Outcomes of Family and Other Key Participants

Environment of Alignment and Engagement of Family and Key Participants

MST Conceptualization of “Fit”

Prioritise

Intermediary Goals

Measuring of Advances & Barriers to Intervention Effectiveness

Measure

Intervention Implementation

Do

Intervention Development
Referral Behavior

Desired Outcomes of Family and Other Key Participants

Overarching Goals

Environment of Alignment and Engagement of Family and Key Participants

MST Conceptualization of “Fit”

Assessment of Advances & Barriers to Intervention Effectiveness

Re-evaluate

Prioritise

MST Analytic Process

Intermediary Goals

Interception Development

Do

Measure

Intervention Implementation

Overarching Goals
Mom missed/cancelled the past three sessions with MST-CAN.

Kid’s behaviours got in the way of meeting.

Sessions too frequent.

Negative past experiences with NGO’s.

Afraid of removal of kids.

Doesn’t see MST-CAN as different from FACS.

Possible unknown cultural concerns.

Mom always dealing formal services ie school, police, court, MST-CAN.
Environment of Alignment and Engagement of Family and Key Participants

Referral Behavior

Overarching Goals

Assessment of Advances & Barriers to Intervention Effectiveness

MST Conceptualization of “Fit”

Re-evaluate

Prioritise

Intermediary Goals

Desired Outcomes of Family and Other Key Participants

Intervention Development

Do

Intervention Implementation

Measure
Mom missed/cancelled the past three sessions with MST-CAN.

1) Kid's behaviours got in the way of meeting.

2) Sessions too frequent.

3) Mom always dealing formal services (school, police, court, MST-CAN).

Possible unknown cultural concerns.

Negative past experiences with NGO's.

Afraid of removal of kids.

Doesn't see MST-CAN as different from FACS.
MST Analytic Process

- Desired Outcomes of Family and Other Key Participants
- Environment of Alignment and Engagement of Family and Key Participants
- Prioritise
- Re-evaluate
- Measure
- Do

- Overarching Goals
- Assesment of Advances & Barriers to Intervention Effectiveness
- Intervention Implementation
- Intervention Development

- MST Conceptualization of “Fit”
Environment of Alignment and Engagement of Family and Key Participants

MST Analytic Process

Overarching Goals

MST Conceptualization of “Fit”

Re-evaluate

Assessment of Advances & Barriers to Intervention Effectiveness

Prioritize

Intermediary Goals

Intervention Implementation

Intervention Development

Do

Measure

Referral Behavior

Desired Outcomes of Family and Other Key Participants
Mom missed/cancelled the past three sessions with MST-CAN

1) kid’s behaviours got in the way of meeting

Negative past experiences with NGO’s

Afraid of removal of kids

Doesn’t see MST-CAN as different from FACS

2) Sessions too frequent

Possible unknown cultural concerns

3) Mom always dealing formal services ie school, police, court, MST-CAN
MST Analytic Process

Environment of Alignment and Engagement of Family and Key Participants

Referral Behavior

Desired Outcomes of Family and Other Key Participants

Overarching Goals

MST Conceptualization of “Fit”

Assessment of Advances & Barriers to Intervention Effectiveness

Re-evaluate

Prioritize

Intermediary Goals

Measure

Intervention Implementation

Do

Integration Development
MST Analytic Process

Environment of Alignment and Engagement of Family and Key Participants

Assessment of Advances & Barriers to Intervention Effectiveness

Overarching Goals

Re-evaluate

MST Conceptualization of “Fit”

Prioritize

Intermediary Goals

Desired Outcomes of Family and Other Key Participants

Measure

Intervention Implementation

Do

Intervention Development
MST Analytic Process

Environment of Alignment and Engagement of Family and Key Participants

Referral Behavior

Desired Outcomes of Family and Other Key Participants

Overarching Goals

MST Conceptualization of “Fit”

Re-evaluate

Assessment of Advances & Barriers to Intervention Effectiveness

Measure

Intervention Implementation

Do

Intervention Development

Prioritise

Intermediary Goals
Mom showed for the appointment but told MST-CAN to F off when at the door for the past three sessions.

1) Kid’s behaviours got in the way of meeting.

Possible drug use

Sessions too frequent

Possible unknown cultural concerns

Mom’s afraid of change

Mom always dealing formal services ie school, police, court, MST-CAN

Community supports don’t want MST-CAN around

Negative past experiences with NGO’s

2) MST not helpful

Afraid of removal of kids

Past trauma

Doesn’t see MST-CAN as different from FACS
Mom showed for the appointment but told MST-CAN to F off when at the door for the past three sessions.

1) Lack of food
2) Kid’s behaviours got in the way of meeting

Community supports don’t want MST-CAN around

Negative past experiences with NGO’s

MST not helpful

Afraid of removal of kids

Doesn’t see MST-CAN as different from FACS

Past trauma

Mom’s afraid of change

Mom not connecting to male therapist

Possible unknown cultural concerns

Sessions too frequent

Possible drug use

Mom always dealing formal services ie school, police, court, MST-CAN

Mom’s afraid of change
Mom showed for the appointment but told MST-CAN to F off when at the door for the past three sessions

1) drug use

Sessions too frequent

Mom not connecting to male therapist

Possible unknown cultural concerns

Mom’s afraid of change

Mom always dealing formal services ie school, police, court, MST-CAN

Lack of food

Community supports don’t want MST-CAN around

2) kid’s behaviours got in the way of meeting

Negative past experiences with NGO’s

MST not helpful

Afraid of removal of kids

Doesn’t see MST-CAN as different from FACS

Past trauma

Mom’s afraid of change

Mom’s afraid of change

MST not helpful

Afraid of removal of kids

Doesn’t see MST-CAN as different from FACS

Past trauma

Mom’s afraid of change

Mom’s afraid of change

MST not helpful

Afraid of removal of kids

Doesn’t see MST-CAN as different from FACS

Past trauma

Mom’s afraid of change

Mom’s afraid of change

MST not helpful

Afraid of removal of kids

Doesn’t see MST-CAN as different from FACS

Past trauma
Mom cancelled all appointments this week.

- Lack of food
- Community supports don’t want MST-CAN around
- Sessions too frequent
  - 1) drug use
  - 2) Mom not connecting with male therapist
- 1) Possible unknown cultural concerns ie Women’s business/men’s business
- Mom’s afraid of change
- Mom always dealing formal services ie school, police, court, MST-CAN
- 2) Kid’s behaviours got in the way of meeting
- Negative past experiences with NGO’s
- MST not helpful
- Afraid of removal of kids
- Doesn’t see MST-CAN as different from FACS
- Past trauma
# MST-CAN Outcomes in NSW
## July 2017 – February 2019

### Item (click on an item to view a comparison chart)

<table>
<thead>
<tr>
<th>Item (click on an item to view a comparison chart)</th>
<th>Current Period 01 Jul 2017 - 12 Feb 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>score</td>
<td>[Score]</td>
</tr>
<tr>
<td>Total cases discharged</td>
<td>[Score]</td>
</tr>
<tr>
<td>Total cases with opportunity for full course treatment</td>
<td>[Score]</td>
</tr>
</tbody>
</table>

### Ultimate Outcomes Review

- **Percent of Youth Living at Home (Target: 90%)**: 92.11%
- **Percent of Youth in School/Working (Target: 90%)**: 89.47%
- **Percent of Youth With No New Arrests (Target: 90%)**: 84.21%
- **Percent of Caregivers with no new reports of maltreatment (Target: 85%)**: 81.58%
- **Percent of Caregivers with no new arrests (Target: 90%)**: 84.21%

### Case Closure Data

- **Average length of stay in days for youth receiving MST (Target: 180-270)**: 253.84
- **Percent of youth completing treatment (Target: 85%)**: 86.84%
- **Percent of youth discharged due to lack of engagement (Target: <10%)**: 6.12%
- **Percent of youth placed (Target: <10%)**: 4.08%

### Adherence Data

- **Overall Average Adherence Score (Target: .61)**: 0.669
- **Percent of youth with average adherence above threshold (Target: 80%)**: 67.78%
- **Percent of youth with at least one TAM-R interview (Target: 100%)**: 91.30%
- **Percent TAM-R due that are completed (Target: 70%)**: 63.72%
- **Total cases with a valid TAM-R**: 78

### Operations Data

- **Average FTE for active therapists (Target: 2 to 3)**: 3.00
- **Average number of open cases per therapist (Target: 3 to 4)**: 1.65
# MST-CAN Outcomes in NSW August 2018–February 2019

## Finding Peaceful Solutions

<table>
<thead>
<tr>
<th>Item (click on an item to view a comparison chart)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases discharged</td>
<td>37</td>
</tr>
<tr>
<td>Total cases with opportunity for full course treatment</td>
<td>31</td>
</tr>
</tbody>
</table>

### Ultimate Outcomes Review

- **Percent of Youth Living at Home (Target: 90%)**: 96.77%
- **Percent of Youth in School/Working (Target: 90%)**: 93.55%
- **Percent of Youth With No New Arrests (Target: 90%)**: 93.55%
- **Percent of Caregivers with no new reports of maltreatment (Target: 85%)**: 83.87%
- **Percent of Caregivers with no new arrests (Target: 90%)**: 90.32%

### Case Closure Data

- **Average length of stay in days for youth receiving MST (Target: 180-270)**: 270.16 days
- **Percent of youth completing treatment (Target: 85%)**: 93.55%
- **Percent of youth discharged due to lack of engagement (Target: <10%)**: 0.00%
- **Percent of youth placed (Target: <10%)**: 5.41%

### Adherence Data

- **Overall Average Adherence Score (Target: .61)**: 0.687
- **Percent of youth with average adherence above threshold (Target: 80%)**: 72.73%
- **Percent of youth with at least one TAM-R interview (Target: 100%)**: 100.00%
- **Percent TAM-R due that are completed (Target: 70%)**: 71.23%

### Operations Data

- **Average FTE for active therapists (Target: 2 to 3)**: 3.00
- **Average number of open cases per therapist (Target: 3 to 4)**: 2.46